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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03	7400001	(CITY OR TOWN	EGREMON	NT
APPLICATION FOR RE	NEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: SU	SAN BIANCHI SMITH				
DOING BUSINESS A JO	OHN ANDREWS				
ADDRESS 244 HILLSD	ALE ROAD, P.O.BOS 2	96			
CITY/TOWN: EGREM	ONT STA	TE: MA	ZIP CODE:	01258	
MANAGER:	TYPE OF LI	ICENSE: Resta	aurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICE ONE FLOOR INCLUDING I hereby certify and swear	NG KITCHEN, DINING r under penalties of perju	AREA AND	ROOM FOR STO		
2. the licensee ha	cense will be of the same as complied with all laws re now open for business	of the Commo	onwealth relating		
SIGNED BY	dividual, Partner or Autho	orized Corpora	ate Officer		
DATE:	TELEPHONE NUMI	3ER:		R IDENTIFICAT dividual Social S	
We the undersigned, at Acts of 2004, signed by named license and (2) the of 2010.	the building inspector a	and the head	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 037400002		CITY OR	TOWN	EGREMON	NT
APPLICATION FO	OR RENEWAL:	Annua	1	LICENS	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME DOING BUSINESS		JLINARY GROUP,II E LOUNGE	NC.			
ADDRESS CATAN	MOUNT RD.					
CITY/TOWN: EG	REMONT	STATE:	MA ZIP C	ODE:	01258	
MANAGER: NA	RDIN,KELLY	TYPE OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS			ı
DESCRIPTION OF CATAMOUNT BA ROOM FOR STOR	SE LODGE, CO	EMISES: ONSISTING OF FIRS	ST FLOOR DINI	NG ROC	M AND BA	R AND
2. the licen	see has complied	be of the same type for d with all laws of the en for business (If not	Commonwealth 1			
SIGNED BY	Individual, P	artner or Authorized	Corporate Office	r		
DATE:	TELEF	PHONE NUMBER:				ION NUMBER:
Acts of 2004, signe	ed by the buildi	e are in possession on the grant the	e head of the fire	e departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 037400005		CITY OR TOWN	EGREMONT
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	ALPER RESTAU	RANT INC.		
DOING BUSINESS	A SWISS HUTTE			
ADDRESS OLD RT	TE. 23			
CITY/TOWN: EGI	REMONT	STATE: MA	ZIP CODE:	01258
MANAGER: ALP	ER, CYNTHIA TY	PE OF LICENSE: Re	estaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
	A PATIO OUT OF D RTION OF THE DIN			D MASSACHUSETTS ACE IN KITCHEN
	swear under penalties			
1. the renew	ved license will be of	the same type for the	e same premises nov	v licensed;
2. the licens	see has complied with	all laws of the Com	monwealth relating	to taxes; and
3. the premi	ises are now open for	business (If not exp	lain below)	
SIGNED BY	Individual Partner	or Authorized Corp	orate Officer	
	marviduai, i artiici	of Authorized Corp	orate officer	
DATE:	TELEDHON	IE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
	TELEFTION	E NOMBER.		dividual Social Security Number)
*** 41 1 .	1 44 441 4		, o po ,	11 (7) 4 204 641
	d, attest that we are d by the building in			red by Chapter 304 of the tment for the above
				Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
DATE:			-	
ADDITION FOR DENIE	WAL MUST BE EILED BY I	ICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.I. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037	400007		CITY OR TOWN	EGREMON	IT
APPLICATION FOR RE	NEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: GL	ENCROSS INC.				
DOING BUSINESS A T	HE OLD MILL				
ADDRESS RTE. 23.					
CITY/TOWN: EGREMO	ONT S'	TATE: MA	ZIP CODE:	01258	
MANAGER: MOORE, TERRENO		FLICENSE: Res	taurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICE	NSED PREMISES:				
CONSISTING OF TWO	FLOORS OF A THR	EE STORY BU	ILDING WITH A I	DECK	
I hereby certify and swear	under penalties of pe	rjury that:			
1. the renewed lic	cense will be of the sa	me type for the	same premises now	licensed;	
2. the licensee ha	s complied with all la	ws of the Comm	onwealth relating to	o taxes; and	
3. the premises ar	re now open for busin	ess (If not expla	in below)		
SIGNED BY Ind	lividual, Partner or Au	uthorized Corpor	rate Officer		
DATE:	TELEPHONE NU	MBER:		R IDENTIFICAT	
			`		curity (validet)
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building inspecto	or and the head	certificate require	ed by Chapte ment for the	er 304 of the above
Acts of 2004, signed by to named license and (2) the	the building inspecto	or and the head	certificate require	ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed by a named license and (2) the of 2010. Please Check Below: APPROVED:	the building inspecto	or and the head	certificate require of the fire departs ance required by	ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed by a named license and (2) the of 2010. Please Check Below: APPROVED: DISAPPROVED:	the building inspecto	or and the head	certificate require of the fire departs cance required by LOCAL LICENS	ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed by a named license and (2) the of 2010. Please Check Below: APPROVED:	the building inspecto	or and the head	certificate require of the fire departs cance required by LOCAL LICENS	ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed by a named license and (2) the of 2010. Please Check Below: APPROVED: DISAPPROVED:	the building inspecto	or and the head	certificate require of the fire departs cance required by LOCAL LICENS	ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed by a named license and (2) the of 2010. Please Check Below: APPROVED: DISAPPROVED:	the building inspecto	or and the head	certificate require of the fire departs cance required by LOCAL LICENS	ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 037400008		CITY OR TOWN	EGREMONT
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: EGREMONT INN	I,LLC		
DOING BUSIN	NESS A THE EGREMON	IT INN		
ADDRESS OL	D SHEFFIELD RD.			
CITY/TOWN:	EGREMONT	STATE: MA	ZIP CODE:	01258
	MORALES- JOHNSON,MARIE	PE OF LICENSE: I	nnholder C	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMI	SES:		
	RS, FIRST FLOOR- SIX THIRD FLOOR- FIFTE		RCHES, SECOND FL	OOR- ELEVEN
I hereby certify	and swear under penalties	s of perjury that:		
1. the r	renewed license will be of	the same type for the	ne same premises now	licensed;
2. the 1	icensee has complied with	n all laws of the Cor	nmonwealth relating t	to taxes; and
3. the p	premises are now open for	business (If not ex	plain below)	
SIGNED BY				
	Individual, Partner	r or Authorized Cor	porate Officer	
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER:
			(Note. NOT Inc	dividual Social Security Number)
Acts of 2004, s	signed by the building in	spector and the he	ad of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belov	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	037400011		CITY OR TOWN	EGREMONT	
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	AR
LICENSEE NAME:	HAVOLLE LTD, II	NC			
DOING BUSINESS A	SO EGREMONT	SPIRIT SHOPPE			
ADDRESS ROUTE 23	3				
CITY/TOWN: EGRE	MONT	STATE: MA	ZIP CODE:	01258	
MANAGER: VOLLI P	MER, DEVIN TYP	E OF LICENSE: Pac	ekage Store CA	ATEGORY: All	Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	·	
DESCRIPTION OF LI	CENSED PREMIS	ES:			
CONSISTS OF THRE THEREOF, AND CEL			STERLY AND EAS	TERLY SIDES	
3. the premise SIGNED BY	s are now open for b	or Authorized Corpo			
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHORIT	ГΥ
DISAPPROVED:]		By:		
(If disapproved explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 03/400015		CITY OR TOWN EGREN	IONI
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
DOING BUSINESS	: NORTH EGREMO S A REMONT PLAIN RO		ORE INC.	
CITY/TOWN: EG	REMONT	STATE: MA	ZIP CODE: 01252	
MANAGER: PAS E.	TIER, DIANA TYP	PE OF LICENSE: Pac	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
	ises are now open for			nd
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soc	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENSING AU' By:	ГНОRITY
DATE:				